

1648

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
FEE TRANSMITTAL For FY 2006		Application Number	10/088,567
		Filing Date	March 19, 2002
		First Named Inventor	Shizuo AKIRA
		Examiner Name	Michelle S. Horning
		Art Unit	1648
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	31671-178057
TOTAL AMOUNT OF PAYMENT		(\$)	\$180 -

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>22-0261</u> Deposit Account Name: <u>Venable LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		Small Entity		Small Entity		Small Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
						Small Entity	
Fee Description						Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						200	100
Multiple dependent claims						360	180
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
_____ - 20 = _____		x _____	= _____		Fee (\$) Fee Paid (\$)		
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
_____ - 3 = _____		x _____	= _____				
HP = highest number of total claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets		Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)	
_____ - 100 = _____		/50	_____ (round up to a whole number) x _____		= _____		
4. OTHER FEE(S)							Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): <u>Information Disclosure Statement</u>							<u>180</u>

SUBMITTED BY			
Signature	<u>[Signature]</u>	Registration No. (Attorney/Agent)	36,830
Name (Print/Type)	Ann S. Hobbs, Ph.D.	Telephone	(202) 344-4000
		Date	March 30, 2007



Docket No: 31671-178057
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Shizuo AKIRA et al.

Art Unit: 1648

Application No: 10/088,567

Examiner: M. Horning

Confirmation No: 3078

Filed: March 19, 2002

Atty. Docket No: 31671-178057

For: RECEPTOR PROTEIN SPECIFICALLY
RECOGNIZING BACTERIAL DNA"

Customer No:

26694

PATENT TRADEMARK OFFICE

INFORMATION DISCLOSURE STATEMENT (IDS)

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

This is a Information Disclosure Statement submitted under 37 C.F.R. § 1.97 within the time specified under 37 C.F.R. § 1.97(b).

Attached are copies of the references cited in the European Search Report dated April 28, 2005, and the documents cited therein in connection with the corresponding international application.

A Form PTO-SB/08 listing the documents are attached.

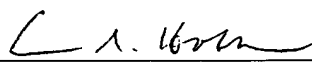
As all requirements of 37 C.F.R. § 1.97 and § 1.98, and all official guidelines pertaining to Information Disclosure Statements have been complied with, it is respectfully requested that the Examiner consider the cited publications and make them of record.

04/02/2007 JADDD1 00000018 220261 10000567
01 FC:1806 180.00 DA

The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Deposit Account No. 22-0261, under Order No. 31671-178057.

Dated: March 30, 2007

Respectfully submitted,

By 
Ann S. Hobbs
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Attorney/Agent For Applicant

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Substitute for form 1449A/B/PTO <div style="text-align: center;"> <h1>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</h1> <p><i>(Use as many sheets as necessary)</i></p> </div>				Complete if Known	
				Application Number	10/088,567
				Filing Date	March 19, 2002
				First Named Inventor	Shizuo AKIRA et al.
				Art Unit	1648
				Examiner Name	M. Horning
				Attorney Docket Number	31671-178057
Sheet	1	of	2		

[illegible]

FOREIGN PATENT DOCUMENTS						
Examiner Initials*	Cite No. ¹	Foreign Patent Document	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T ⁶
		Country Code ³ -Number ⁴ -Kind Code ⁵ (if known)				
	BA	WO 02/022809	03/21/2002	WIPO		
	BB	WO 01/90151	11/29/2001	WIPO		
	BC	WO 01/55386	08/02/2001	WIPO		
	BD	WO 01/81578	11/01/2001	WIPO		
	BE	WO 02/31111	04/18/2002	WIPO		
	BF					
	BG					

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. ¹ Applicant's unique citation designation number (optional). ² See Kinds Codes of USPTO Patent Documents at www.uspto.gov or MPEP 901.04. ³ Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁴ For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁵ Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. ⁶ Applicant is to place a check mark here if English language Translation is attached.

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Examiner Signature		Date Considered	
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute for form 1449A/B/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(Use as many sheets as necessary)</i>				Complete if Known	
				Application Number	10/088,567
				Filing Date	March 19, 2002
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				Art Unit	1648
				Examiner Name	M. Horning
Sheet	2	of	2	Attorney Docket Number	31671-178057

NON PATENT LITERATURE DOCUMENTS			
Examiner Initials	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
	CA	GENBANK Accession No. AF 259262 Modification date 2/6/01: (cited in EP Search Report dated April 28, 2005)	
	CB	GENBANK Accession No. AF245704 last update: 04/15/2005	
	CC	GENBANK Accession No. AB 045180 - Modification date 02/10/2001	
	CD	GENBANK Accession No. AF 348140 - Modification date 08/02/2001	
	CE	GENBANK Accession No. AF 314224 - Modification date 09/24/2002	
	CF	GENBANK Accession No. AA 273731 (cited in EP Office Action 11/11/05)	
	CG		
	CH		
	CI		
	CJ		
	CK		
	CL		
	CM		

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹Applicant's unique citation designation number (optional). ²Applicant is to place a check mark here if English language Translation is attached.
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Examiner Signature		Date Considered	
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